

**Home School  
Notification of Opportunity to Participate  
In Federally Funded Programs**

**Please check and sign either 1 OR 2**

1. ☐ I wish to receive a participation form in the spring.

I have been provided with descriptions of federal program services that may be available to my child or children through the local public school district. In the spring, I wish to receive notice from the public school district of the opportunity to participate in federally funded programs so that I may make a decision at that time.

\_\_\_\_\_  
Signature, Home School Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

2. ☐ I DO NOT wish to receive a participation form.

I have been provided with descriptions of federal program services that may be available to my child or children through the local public school district. I do not wish to participate in these programs and do not want to receive notice from the public school district of the opportunity to participate in federally funded programs at any time in the future. If circumstances change and I wish to receive information, I will notify the school district to contact me about the opportunity to participate in federal programs.

\_\_\_\_\_  
Signature, Home School Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

**FOR COUNTY SUPERINTENDENT/DISTRICT USE ONLY**

\_\_\_\_\_  
Name of Public School District in which  
this home school is located

\_\_\_\_\_  
Date

- ☐ Grades K-8 student  
☐ Grades 9-12 student